GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH SOIL EROSION AND SEDIMENTATION CONTROL SITE DETERMINATION FORM

Office Use Only Receipt #:
Received By:

PART 91, SOIL EROSION & SEDIMENTATION CONTROL, ACT 451 OF 1994, AS AMENDED & GTCHD SOIL EROSION SEDIMENTATION CONTROL ORDINANCE

Project Type:	☐ Residential	☐ Multi-Family	☐ Commerci	al		
Project Address:	City, Zip:					
Tax #:	Twp	:	Section:	Town:	Range:	
Subdivision:			Lot:			
Size of Earth Change: Start Date:			Completion Date:			
Name & Distance to N	earest Surface Water,	Wetland or Drain:				
Describe Project:						
*** DETERM	INATIONS MUST BE SU	JBMITTED WITH AN ACC	URATE SITE PLAN	OF PROPOSE	O WORK***	
Owner's Name:						
Owner's Mailing Addre	ess:		City, State, Zip:			
Owner's Phone:		Owner's email:				
Applicant (if other tha	n owner):					
Address:		City, State, Zip:				
Phone:		Email:				
**Signature:		Date):			
	DEPARTMENT	USE ONLY: COMPLETE	D BY SANITARIA	\N		
	ITERIA DO NOT APPI					
SOM PA 451, PART 91 I ☐ Within 500' of Lak		GTCHD SESC REQUIRE		□ Slangs of	20% or greater	
☐ Victim 300 of Lak		☐ Within 500' of Reg				
□ Disturb 1 acre of ii	lore	□ Within 500' of a C	ounty Drain	□ Group D	nyarologic Solis	
C						
Comments:						
			□ OF	FICE REVIEW	☐ FIELD REVIEW	
reviewed in accorda	nce with Part 91, Act 45	er, the requirement for a So Lof 1994 and the Grand Tra Health Department, Count RED	verse County Soil E	rosion and Sedi has determined	mentation Control	
Sanitarian Reviewer:				Date:		